



Town of Buena Vista

P.O. Box 2002

Buena Vista CO 81211

Phone: (719)395-8643

Fax: (719)395-8644

TEMPORARY VENDOR CART PERMIT APPLICATION

Owner Name: _____

Mailing Address: _____

Contact Name: _____ Phone Number: _____

Project Address: _____ Buena Vista, Colorado

Dates of Placement of Vendor Cart: _____ (Not to exceed 180 days)

Items to be sold: _____

Please submit the following items with this application. Incomplete applications will not be processed.

- Draw a sketch of entire lot. Please show location and dimensions of proposed temporary vendor facility. Please show all structures, easements, driveways, parking spaces and drive aisles on the property. Show and label the location of all streets adjoining the property. Show location of structures on adjoining property adjacent to the location of the vendor cart. *Please note: No changes shall be made from that which is stated in this application after receiving approval by the Town.*
- Sketch showing Vendor Cart design (elevations). Drawings should show dimensions of proposed cart area (height, width, lengths). Photos can accompany these drawings.
- Sketch showing size, location, and appearance of proposed signs.
- Permit applications can be processed and conditionally approved prior to the issuance of a Town of Buena Vista business license. Final approval of the permit may not be obtained until a business license is issued.
- State of Colorado Sales Tax certificate.
- Chaffee County Health Department permit.
- Documentation of the commissary to be used.
- Letter authorizing use of property if applicant is not the property owner.

Note: This permit does not authorize encroachments within any Town easement or right-of-way.

I certify that the information and exhibits herewith submitted are true and correct to the best of my knowledge

Signature of applicant/agent _____ Date _____

Signature of property owner _____ Date _____

OFFICE USE ONLY:

Fee Paid _____

Submittal Requirements:

Site Plan _____
Sign Plan _____
Elevations _____
Business License _____
Tax Certificate _____
Health Department Approval _____

Date Submitted: _____ Received By: _____

Approved/Denied/Conditionally Approved (circle one) by _____

Conditions/Comments:

